

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005971	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2014
NAME OF PROVIDER OR SUPPLIER REHABILITATION HOSPITAL OF INDIANA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4141 SHORE DR INDIANAPOLIS, IN 46254		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for investigation of a State complaint.</p> <p>Complaint Number: IN00152155 Substantiated, no deficiencies related to allegations are cited. 2 unrelated deficiencies are cited.</p> <p>Survey Date: 09-02-2014</p> <p>Facility Number: 005971</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: cloughlin 09/22/14</p>	S 000		
S 570	<p>410 IAC 15-1.5-2 INFECTION CONTROL</p> <p>410 IAC 15-1.5-2 (f)(1)(A)(b)(C)(D)(E) (f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (1) The infection control committee shall be a hospital or medical staff committee that meets at least quarterly, with membership that includes, but is not limited to, the following: (A) The person directly responsible for management of the infection surveillance, prevention and control program. (B) A representative from the medical staff. (C) A representative from nursing</p>	S 570		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 570	Continued From page 1 service. (D) A representative from administration. (E) Consultants from other appropriate services within the hospital, as needed. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure the Infection Control Committee met at least quarterly. Findings: 1. Review of the minutes of the Infection Control Committee for calendar year 2014, indicated there were no quarterly meeting minutes for the months of April, May, and June. 2. In interview, on 9-2-14 at 12 noon, employee #A1, Director - QA & Regulatory, confirmed the above and no other documentation was provided prior to exit.	S 570		
S 592	410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(i) (f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes	S 592		

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S 592	<p>Continued From page 2</p> <p>in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(i) Sanitation.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the Infection Control Committee failed to ensure review of sanitation programs which are pertinent to infection control.</p> <p>Findings:</p> <p>1. Review of the minutes for the first and second quarter for calendar year 2014 of the Infection Control Committee indicated there was no reviewing of programs pertinent to sanitation.</p> <p>2. In interview, on 9-2-14 at 12 noon, employee #A1, Director - QA & Regulatory, confirmed the above and no other documentation was provided prior to exit.</p>	S 592		